

HARFORD COUNTY HEALTH DEPARTMENT Environmental Health

120 South Hays Street, Suite 200 P.O. Box 797 Bel Air, Maryland 21014-0797
410 877-2318, 2319 or 2320

APPLICATION FOR SOIL PERCOLATION TEST

CHECK ALL AREAS THAT ARE APPLICABLE:

_____ Non-conventional test/single ring (\$200.00*)

_____ Conventional perc test (\$150.00*)

*Per lot or area tested. (NOTE: No fee for repair perc test.)

RESIDENTIAL

_____ New Subdivision Name _____
 _____ Indicate # of lots _____
 _____ Existing Subdivision Name _____
 _____ Existing # of lots _____
 _____ Indicate year created/recorded _____

NON-RESIDENTIAL†

_____ New _____ Existing
 _____ Project Name _____

USE _____ Commercial _____ Institutional
 _____ Industrial _____ Other

IMPROVED LOT

_____ Failing OSDS (nature of problem _____)
 _____ Active Building Permit # _____
 _____ Future Building Plans _____
 _____ OSDS relocation _____
 _____ SRA reduction/relocation _____

UNIMPROVED LOT

_____ Re-test (failed past test)
 _____ Never tested
 _____ Septic reserve area revision
 _____ Building Permit # _____

†Please attach brief description of project so wastewater flow can be projected. NOTE: Flows from 2,500-4,999 gallons/day may require a joint review with the Maryland Department of the Environment (MDE). Flows of 5,000 gallons/day or greater will require a joint review.

PROPERTY INFORMATION:

Location of Property _____

Subdivision (if applicable) _____ Lot # _____

Size of Tract _____ Tax Map # _____ Block # _____ Parcel # _____ Tax ID # _____

OWNER'S INFORMATION:

Name _____ Home Phone _____

Address _____ Work Phone _____

NOTE:

1. A site plan of the property must be submitted with this application. It must be drawn to scale (1" = 30', 1"=50', or 1"=100') and indicate property lines, house location, well site, driveway, septic area and any wells, septic systems, and/or septic reserve areas located within 200' of the property line.
2. Corners of the septic reserve areas must be staked prior to test.
3. The appropriate fee (cash or check) must be submitted with the application. **MAKE CHECK PAYABLE TO HARFORD COUNTY, MARYLAND.**

Name of applicant or agent (please print) _____

Address _____ Phone _____

Signature _____ Date _____

Name of contact person (if other than applicant) _____ Phone _____

Health Department staff will contact the applicant/agent to schedule the test unless another person is specified. Please refer to the Percolation Test Application Procedures for general requirements. By signing this application, the applicant agrees to allow representatives from the Health Department on the property at reasonable times to perform testing and site analysis.